

LOCAL PROGRAM FOR THE MENTALLY RETARDED

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IF WE CONSIDER a public health problem to be one which concerns a large number of people and which is not being solved with the facilities and resources available, then surely mental retardation belongs in that category.

Health departments have been confronted for many years with families which have one or more mentally retarded members. How could they not be? When a public health nurse visits a home, there is a considerable possibility that it will contain a mentally retarded child whose parents will ask many anxious questions. Other health department services also examine many children and have also noted the problem of mental retardation.

To be sure, there is a gross deficit of resources for helping retarded children. Not only is there serious lack of adequate diagnostic and treatment facilities readily available and accessible to all patients, but few localities have day care or residential treatment facilities or sufficient educational resources for handling the many problems involved. We are all familiar with the overcrowded conditions commonly associated with State institutions for the mentally retarded.

Many parents of retarded children have been shunted from one place to another in their efforts to find satisfactory answers to their questions. Often, of course, the answers are not what the parents would like to hear, and frequently they are unwilling or unable to accept these answers.

In 1960, the health department in Prince Georges County, Md., began to explore the possibilities of establishing a program of services for

the mentally retarded. Earlier that year, the department had become active against mental retardation caused by phenylketonuria and had alerted physicians to use ferric chloride, which was available from the health department, for detecting the disease through the diaper test. To develop more definitive programs in this field, following several meetings with the county Association for Retarded Children and with representatives of the county board of education, an agreement was reached in the summer of 1960 to establish a diagnostic and treatment facility within the health department which would work closely with the board of education.

The program was endorsed by the county medical society and began operating in October 1960. It was financed mostly by the health department. Funds were provided also by the county Association for Retarded Children, and an educational counselor was assigned to the program by the board of education. In addition, the first director of the program was a pediatrician on assignment to the health department from the Public Health Service for 2 years.

Under this program, any child in the county thought to be retarded may receive a reasonably thorough evaluation. An early step in this process is a visit to the family by a public health nurse who helps interpret the program and obtains information concerning the home situation. She also participates in followup after clinic service has been completed. The parents are seen by a medical social worker, and they and the child are interviewed by a pediatrician, the director of the program. The child is subsequently seen by a psychologist, speech and hearing pathologist, dentist, and by any of several other specialists recommended by the pediatrician, such as a psychiatrist, a neurologist, an ear, nose, and throat specialist, or an orthopedist. The evaluation may also include a

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visual examination, routine laboratory tests, electroencephalograms, and skull X-rays.

The educational counselor reviews the school records of all patients, often visits the parents, and, because of her familiarity with the educational facilities available, is able to contribute information invaluable to the health department staff in arriving at reasonable and practical recommendations for the child's future.

Following the workup by all members of the clinic team, a staff conference is held to discuss the case, including the diagnosis and specific recommendations on treatment, school placement, training, and other matters. After this conference, the parents are recalled for a meeting with the pediatrician, at which time the results of the examinations and the recommendations are discussed at some length. Measures are then taken, with the approval of the parents, for appropriate followup. For some, referral to the mental health clinic is necessary. For others, speech therapy is indicated. The board of education has consistently endeavored to follow recommendations concerning school placement, provided appropriate facilities are available.

A fee ranging up to \$80 is charged for the evaluation. The amount is based entirely upon ability to pay. No patient is refused service because of financial difficulties.

The order in which the children are seen has been a perplexing issue. After considerable experimentation, we finally concluded that we should have to take them in the order of their application; the only person permitted to make exceptions is the director of the program. Children are accepted through the age of 18. All applicants are screened at a pediatric consultation clinic. Many children seen there are referred to other clinics or agencies rather than

to the retarded and handicapped children's program. Many children become eligible for aid from the Maryland State Crippled Children's Program. A number of patients have been referred for vocational rehabilitation services and to an occupational training center established by the county Association for Retarded Children. A representative of the health department is on the committee which helps select candidates for this occupational training center. There is also good liaison with the Cerebral Palsy Association. Many children assisted by the Cerebral Palsy Association are first screened through the health department.

During the first year of operation the clinic saw a total of 55 children, almost all of elementary school age. At the end of the first year, there was a waiting list of more than 100 children. Most of the children evaluated were found to be mentally retarded, and a considerable number had additional complications such as speech or hearing defects and emotional problems. A substantial number of children had brain damage, which often produced physical disability and hyperactivity. Most of these children were unable to adjust to regular school and needed special teaching; many had reading problems.

A clinic for exceptional children has recently been set up at the health department. Children seen in the retarded children's program are referred there for regular followup. Many of the children can gain considerable benefit from appropriate medication. This is particularly true of the brain-damaged children. Medication prescribed for their hyperactivity has proved useful in assisting with their management at home and at school.

Future plans call for the establishment of a followup counseling service for parents, day care facilities, and a residential treatment center.